

FAX RECEIVED

## POSZ LAW GROUP, PLC

## ATTORNEYS AT LAW

DAVID G. POSZ  
 JAMES E. BARLOW •  
 BRIAN C. ALTMILLER  
 ROBERT L. SCOTT, II  
 CYNTHIA K. NICHOLSON  
 R. EUGENE VARNDELL, JR.\*  
 THERESE B. VARNDELL\*  
 KERRY S. CULPEPPER

\* NOT ADMITTED IN VIRGINIA  
 PRACTICE LIMITED TO FEDERAL PATENT,  
 TRADEMARK AND COPYRIGHT MATTERS

12040 SOUTH LAKES DRIVE, SUITE 101  
 RESTON, VA 20191

TEL: (703) 707-9110  
 FAX: (703) 707-9112

WWW.POSZLAW.COM

SPECIALIZING IN PATENTS, TRADEMARKS & COPYRIGHTS

MAR 12 2008

## OFFICE OF PETITIONS

TELEFAX: 703-707-9112 FAX: 703-707-9112 E-mail: posz@poszlaw.com TETSU YOSHIDA \*

- PATENT AGENT
- JAPANESE PATENT ATTORNEY
- ADMITTED ONLY IN JAPAN

FACSIMILE TRANSMISSION

Date: March 12, 2008

Pages: 65 (including cover sheet)

To: Ms. Karen Creasy  
 Office of Petitions

From: David G. Posz  
 Posz Law Group, PLC

Company: USPTO

Fax No.: 571-273-0025

Subject: PETITION TO WITHDRAW FROM ISSUE PURSUANT TO 37 C.F.R. §1.313(C)(2)

Comments:

Applicant(s): AO et al.

Allowed: November 20, 2007

Serial No.: 10/717,902

Confirmation No.: 7361  
 Issue Fee paid on February 14, 2008

Filed: 11/21/2003

Atty. Dkt: 01-527-RCE

Title: MAGNETIC IMPEDANCE DEVICE,  
 SENSOR APPARATUS USING THE  
 SAME AND METHOD FOR  
 MANUFACTURING THE SAME

Group Art Unit: 2812

Examiner: Lindsay Jr, Walter Lee

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Office of Petitions, Fax No. 571-273-0025, attention to Ms. Karen Creasy on March 12, 2008.

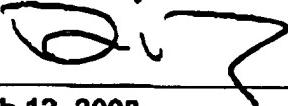
Typed Name: DAVID G. POSZ

Signature: 

The information contained in this facsimile transmission is intended only for the above-indicated addressee, and may contain privileged and confidential attorney work product or trade secret information. Any dissemination, distribution or copying of any part of this transmission is strictly prohibited. If you have received this transmission in error, please immediately notify the sender, and return the transmission to the sender at the above-indicated address.

<b>TRANSMITTAL FORM</b>		Based on PTO/SB/21	
<i>(to be used for all correspondence after initial filing)</i>		Application Number	10/717,902 <b>FAX RECEIVED</b>
		Filing Date	11/21/2003 MAR 12 2008
		First Named Inventor	AO et al.
		Group Art Unit	2812 <b>OFFICE OF PETITIONS</b>
		Examiner Name	Lindsay Jr, Walter Lee
		Attorney Docket Number	01-527-RCE

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input checked="" type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Request for Continued Examination
<input checked="" type="checkbox"/> Information Disclosure Statement with Form PTO-1449	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Petition to Withdraw From Issue Pursuant to 37 C.F.R. §1.313 (C)(2)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David G. Posz (Reg. No. 37,701) Posz Law Group, PLC
Signature	
Date	March 12, 2008